

POLITICAL COMMITTEE CITY OF SCOTTSDALE CAMPAIGN FINANCE REPORT November 2, 2004 Special Franchise Election

1.	riotombo. 2, 2004 oposiai i ranombo zioonon		
Full N	ame of Committee		
Addre			
Addie	55		
City	Zip Code County Phone #		
2.		3A. ID#	
Spon	soring Organization or Candidate and Office		
Name	of Candidate and Office Sought (If Applicable)		
E-Ma	I Address Fax #		
4.	REPORTING PERIOD (Please check appropriate box)		DUE BETWEEN
	Pre-Special Election Report – For Period of June 8, 2004 thru October 13, 200	04 October 14	, 2004 and October 21, 2004
	Post-Special Election Report – For Period of October 14, 2004 thru Novembe	r 22, 2004 November 23,	2004 and December 2, 2004
	January 31 Report – For Period of November 23, 2004 thru December 31, 2004		
_	24. 24. 7 2. 1. 10. 10. 10. 10. 10. 10. 10. 10. 10.		, 2000 aa caaa., 0., 2000
5.	SUMMARY	Column A Total This Reporting Period	Column B Election Period Total to Date
5. 5a	SUMMARY Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)	Total This	Election Period
	Surplus from Previous Campaign (or at time Statement	Total This	Election Period
5a	Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)	Total This	Election Period
5a 5b	Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee) Cash on Hand at the Beginning of this Reporting Period Total Receipts (from corresponding columns on Detailed	Total This	Election Period
5a 5b	Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee) Cash on Hand at the Beginning of this Reporting Period Total Receipts (from corresponding columns on Detailed Summary Page, Line 8) Subtotal [add Lines b and c for Column A and add lines	Total This	Election Period
5a 5b 5c	Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee) Cash on Hand at the Beginning of this Reporting Period Total Receipts (from corresponding columns on Detailed Summary Page, Line 8) Subtotal [add Lines b and c for Column A and add lines a and c for Column B] Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do Not add or	Total This	Election Period

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

1. Committee Name:	2. iD#	-
Report covering period fromThru		
RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:		
(a) Individuals - more than \$25 (Total from Schedule A)		
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)		
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]		
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]		
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)		
(b) All other loans (Total from Schedule C-1)		
(c) Total Loans [add 5(a) and 5(b)]		
In-kind contributions (Total from Schedule E)		
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. Total Receipts [add 4(f), 5(c), 6, and 7]		
QUALIFYING CONTRIBUTION RECEIPTS		
Qualifying Contributions of \$5 from Individuals (Total from Schedule A2).		
DISBURSEMENTS		
Expenditures for operating expenses (Total from Schedule D)		
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)		
12. Loans made by reporting committee (Total from Schedule D-2)		
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)		
(b) Repayment of all other loans (Total from Schedule D-5)		
(c) Total Loan Repayments [add 13(a) and 13(b)]		
14. Transfers to other political committees (Total from Schedule D-6)		
15. Any other disbursement (Total from Schedule D-7)		
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]		
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]		
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)		
I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to oplete.	the best of my knowledge	e and belief it is true and
e or Print Name of Treasurer		
nature of Treasurer or Candidate or Designating Individual Date		

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

	1. Committee Name			2. ID#	l
	Report covering period from		thru		
4	CONTRIBUTION		DATE RECEIVED	AMOUNT RECEIVED THIS	CUMULATIVE TOTAL THIS CAMPAIGN
	NAME, ADDRESS, OCCUPATION AND EMPLOYER			PERIOD	TO DATE
4a.	LAST FIRST	MI			
	STREET ADDRESS		-		
	CITY STATE	ZIP			
	OCCUPATION	EMPLOYER			
b.	LAST FIRST	МІ			
	STREET ADDRESS				
	CITY STATE	ZIP			
	OCCUPATION	EMPLOYER			
C.	LAST FIRST	MI			
	STREET ADDRESS				
	CITY STATE	ZIP			
	OCCUPATION	EMPLOYER			
d.	LAST FIRST	MI			
	STREET ADDRESS				
	CITY STATE	ZIP			
	OCCUPATION	EMPLOYER			
е. (LAST FIRST	МІ			
	STREET ADDRESS				
	CITY STATE	ZIP			
	OCCUPATION	EMPLOYER			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [if las Summary Page Line 4(z), Column A]	st page of Schedule A, transfer total to Det	tailed	<u> </u>	

^{*}If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL*

1. Committee Name

SC	ш		1	П	Λ	_1
200	יח	ינו		L	~	-

2. 1D#

Report covering period from	thru_	
4. Aggregate Total of Contributions of \$25 or	less	
DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]		6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b),
		Column B]

^{*}If contributions of \$25 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE **B**

	Committee Name		2. ID#		
	3. Report covering perio	d from thru			
4		CONTRIBUTIONS	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS	
	IDE	ENTITY OF CONTRIBUTOR AND DATE RECEIVED	THIS PERIOD	CAMPAIGN TO DATE	
4a	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
b.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
C.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
d.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
e.	√D#	NAME, ADDRESS, CITY, STATE AND ZIP	:		
	DATE RECEIVED				
f.	iD#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
g.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
h.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
ì,	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		!	
	DATE RECEIVED				
5.	ENTER TOTAL ONLY IF LA Detailed Summary Page, Li	AST PAGE OF SCHEDULE B [If last page of Schedule B, transfer total to ne 4(c), Column A]			

Schedule B	Page_	of
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	CANDIDATE LOANS		so	CHEDULE C
1.	Committee Name		2. ID#	
3.	Report covering period fromthru			
4.	LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS FROM WHOM RECEIVED	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
ъ.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
c.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
d.	NAME, ADDRESS, CITY, STATE, AND ZIP			
-	DESCRIPTION			
e.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
f.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PA [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a),			

OTHER LOANS

SCHEDULE C1

1.	Committee Name		2. ID#	
3.	Report covering period from thru	·	<u> </u>	
4	ALL OTHER LOANS NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
!	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4b	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#	-		
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			_
4c	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
·	DESCRIPTION			
4d	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total Page, Line 5(a), Column A]	to Detailed Summary		279

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE **D**

		2. ID#		
	1. Committee Name			
	3. Report covering period fromthru			
4	EXPENDITURES	EXPEN	ATE IDITURE	AMOUNT OF THE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	M/	ADE	EXPENDITURE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED			
b.	NAME, ADDRESS, CITY, STATE AND ZIP			_
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED			
C.	NAME, ADDRESS, CITY, STATE AND ZIP			
ļ	DESCRIPTION OF ITEMS OR SERVICES PURCHASED			
d.	NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	•		
e.	NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED			
f,	NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED .			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [if last page of Schedule D, transfer total to Detail Summar 9, Column A]	y Page Line		

Page__of__

 $^{^\}star$ Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

INDEPENDENT EXPENDITURES*

SCHEDULE **D-1**

		2. ID#	
	1. Committee Name		
	3. Report covering period from thru		
4	INDEPENDENT EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED	WADE	EXPENDITURE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP	. ==-	
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed	-	
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed O	-	
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION	-	
4c.	NAME, ADDRESS, CITY, STATE AND ZIP		
		<u> </u>	
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed Candidate OFFICE SOUGHT YEAR OF ELECTION	-	
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page Line	10, Column Aj	
*81	EE A.R.S. § 16-901(14).		
certi	y, under pently of perjury, that the above stated independent expenditure(s) was not made in cooperation st or suggestion of any candidate or any campaign committee or agent of that candidate.	, consultation or co	ncert with or at the
eque	st of suggestion of any candidate of any campaign committee of agent of that candidate.		
Signat	ure of Treasurer		
		NATIONAL TOTAL ACT	AMOUNT
	NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS SIX MONTHS	WITHIN THE LAST	AMOUNT
•		Schedule F	1-1 Page of

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

3. F	Committee Name		
	Report covering period from thru		
4	LOANS MADE BY THE REPORTING COMMITTEE	DATE LOAN MADE	AMOUNT OF THE LOAN
NA	ME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE		
4a. NAI	ME, ADDRESS, CITY, STATE, ZIP, AND ID#		
b. NA	ME, ADDRESS, CITY, STATE, ZIP, AND ID#		
c. NA!	ME, ADDRESS, CITY, STATE, ZiP, AND ID#		
d. NAI	ME, ADDRESS, CITY, STATE, ZIP, AND ID#		
e. NAI	ME, ADDRESS, CITY, STATE, ZIP, AND ID#		
f. NA	ME, ADDRESS, CITY, STATE, ZIP, AND ID#		
			:
g. NAI	ME, ADDRESS, CITY, STATE, ZIP, AND ID#		
h. NAI	ME, ADDRESS, CITY, STATE, ZIP, AND ID#		
ı. NAI	ME, ADDRESS, CITY, STATE, ZIP, AND ID#		
5. EN	TER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A]		

OFFSETS TO OPERATING EXPENSES *

SCHEDULE **D-3**

Schedule D-3 Page____of___

	1. Committee Name	2. ID#	
	3. Report covering period fromthru		
	REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES	DATE REFUND	AMOUNT OF THE
	NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED	RECEIVED	REFUND
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND	_	
c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
е.	NAME, ADDRESS, CITY, STATE, AND ZIP	<u> </u>	
	DESCRIPTION OF REFUND		
f.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [If last page of Schedule D-3, transfer total to Detailed Summary Page Line 17 Column A]		
*	Includes return of contributions made by reporting committee		

REPAYMENT OF CANDIDATE LOANS

SCHEDULE **D-4**

		2. ID#	
	1. Committee Name		
	3. Report covering period fromthru		
	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE	DATE REPAYMENT	AMOUNT OF THE
	NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	MADE	REPAYMENT
a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
١.	NAME, ADDRESS, CITY, STATE, AND ZIP		
: .	NAME, ADDRESS, CITY, STATE, AND ZIP		
ı.	NAME, ADDRESS, CITY, STATE, AND ZIP	<u> </u>	
١.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	NAME ADDRESS CON STATE AND WO		
	NAME, ADDRESS, CITY, STATE, AND ZIP		
i.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A]		
		Schedule	D-4 Pageof

REPAYMENT OF ALL OTHER LOANS

SCHEDULE **D-5**

2. ID#

	1. Committee Name		
	Report covering period fromthru		
4	REPAYMENT OF ALL OTHER LOANS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE)	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
4a.	TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]		

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE **D-6**

2. ID#

	1. Committee Name		
	3. Report covering period fromthru	 	
4	TRANSFERS MADE BY THE REPORTING COMMITTEE	TRANSFER MADE	AMOUNT OF THE TRANSFER
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE)		
4a.	TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE NAME, ADDRESS, CITY, STATE, ZIP AND ID#	 	
4a.	NAME, AUDRESS, CITY, STATE, ZIP AND IU#		
ъ.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]		

ANY OTHER DISBURSEMENT

SCHEDULE **D-7**

	1. Committee Name		2. ID#	
	3. Report covering period from	thru		
	ANY OTHER DISBURSEMENTS		DATE DISBURSEMENT	AMOUNT OF THE
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION		MADE	DISBURSEMENT
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION			
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION			
		· · · · · · · · · · · · · · · · · · ·		
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION			
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION			
Θ.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
				1
	DESCRIPTION			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page	Line 15 Column A]		

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE **E**

	1. Committee Name			2. ID#	
	Report covering period from		_thru		
4	IN-KIND CONTRIBUTI	ONS and EXPENDITURES		DATE	FAIR MARKET VALUE
•	NAME AND ADDRESS OF INDIVIDUA POLITICAL COMMITTEE) FROM W	AL (OR NAME, ADDRESS AND ID# OF /HOM RECEIVED OR TO WHOM GIV			
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION ☐ EXPENDITURE ☐			
	DESCRIPTION				
	OCCUPATION	EMPLOYER			
b.	NAME, ADDRÉSS, CITY, STATE, ZIP AND ID#	CONTRIBUTION □ EXPENDITURE □			
	DESCRIPTION	<u> </u>			
	OCCUPATION	EMPLOYER			
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE			
•	DESCRIPTION				
	OCCUPATION	EMPLOYER			
ď.	NAME, ADDRÉSS, CITY, STATE, ZIP AND ID#	CONTRIBUTION □ EXPENDITURE □			
	DESCRIPTION	 			ļ
	OCCUPATION	EMPLOYER			
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST F Line 6, Column A]	PAGE OF SCHEDULE E [If last page of Sch	edule E, transfer total to Detailed	l Summary Page	
6.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST F Line 11, Column AJ	PAGE OF SCHEDULE E [If last page of Sch	edule E, transfer total to Detailed	Summary Page	
				, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Pageof

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

3. Report covering period from		1. Committee Name	2. ID#	
AMOUNT NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL AND NAME ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT C. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT d. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT d. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT d. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 2. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 (If list) page of Schedule F-1, flantate total to Detailed, Surmary Page		-		
AMOUNT RECEIPT NAME AND ADDRESS FROM INDIVIDUAL FOR NAME, ADDRESS AND ID# OF THE POLITICAL ODMANTTEE) FROM WHOM RECEIPT WAS RECEIVED DESCRIPTION OF RECEIPT D. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		and und		
NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL OLD NAME ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT C. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT d. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT c. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT d. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT	4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	AMOUNT	OF THE
DESCRIPTION OF RECEIPT D. NAME, ADDRESS, CITY, STATE, ZIP AND IDIF C. NAME, ADDRESS, CITY, STATE, ZIP AND IDIF DESCRIPTION OF RECEIPT d. NAME, ADDRESS, CITY, STATE, ZIP AND IDIF DESCRIPTION OF RECEIPT 0. NAME, ADDRESS, CITY, STATE, ZIP AND IDIF DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND IDIF DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND IDIF DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND IDIF DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND IDIF DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND IDIF DESCRIPTION OF RECEIPT		NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED	RECÉIVED	RECEIPT
b. NAME, ADDRESS, CITY, STATE, ZIP AND ID# C. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT d. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT e. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 1. NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT 5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 II last page of Schedule F-1, transfer total to Detailed Summary Page	4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
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ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [If last page of Schedule F-1, transfer total to Detailed Summary Page				
		DESCRIPTION OF RECEIPT		
	5.			

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

Page___of ___

2. ID#

	1. Committee Name		
	3. Report covering period fromthru		
4	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND	AMOUNT OF THE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE	MADE	REFUND
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
	DESCRIPTION OF REPUND		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
	DECOMI HONOL NEFUND		
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
	DESCRIPTION OF REPURD		
d	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCOURTION OF REFLIND		
	DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#]
	DESCRIPTION OF REFUND		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 [If last page of Schedule F-2, transfer total to Detailed Summary Page, Line	M(E), Column Al	
	leaduring setum of contributions received by specifics committee		

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

2. ID#

	1. Committee Name				2. 10 17
	Report covering period from		thru		
4	DEBTS AND OBLIGATIONS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT	Brand Commence of the second o		g	
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				Supplied to the State of the St
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT	i c		, a sa tiple wa	
5.	ENTER TOTAL OUTSTANDING BALANCE AT CLO F-3 [Transfer total to Detail Summary Page Line 19, Col	SE OF THIS PERIOD	ONLY IF LAST PAGE OF	SCHEDULE	

\$500 THRESHOLD EX	F ARIZONA EMPTION STATEMENT 02.01; 16-903(a)]	FOR OFFICE USE ONLY
Candidate Committee	Political Committee	
Name of Candidate/Committee		
Address	, , , , , , , , , , , , , , , , , , , 	
City	Zip Code Phone Number	
Candidate Committee	Political Committee	4. ID#
Office	Committee Type	
Election Cycle	Committee Affiliation	
Election Cycle	Conmittee Alibation	
 The committee intends to receive or The committee will file a Statement of monies over the \$500 limit pursuant 	er accepted any contributions nor made a expend less than \$500. of Organization within five business days to A.R.S. §§ 16-902.01 and 16-903(A)., certify that this Exemption Statement is	after expending or receiving
	Signature	Date
	NOTE:	
Candidates and political committees involved w Election Services Division: 1700 W. Washingto	vith statewide and legislative elections file this sta	atement with the Secretary of State
0-44-4		•
charge of elections.	rith county or school district elections file this sta	·
charge of elections.		tement with the county's officer in